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ABSTRACT

This handbook is designed to provide City University of New York faculty with practical information and suggestions to help them meet the needs of disabled students in their classrooms. An overview on teaching students with disabilities is provided, followed by discussions of specific topics including coping with mobility and hand-function impairments, hearing impairments, and learning disabilities, working with students who are psychologically impaired or speech impaired, and working with students with AIDS (Acquired Immune Deficiency Syndrome), cerebral palsy, multiple sclerosis, and seizure disorders. In addition, information is provided on where to go for assistance in teaching disabled students. The handbook provides help in revising untrue perceptions about the handicapped, and covers specific classroom techniques to assist the instructor in properly teaching the handicapped student. Specific suggestions are made including identifying the disabled student prior to the start of the class, considerations regarding attendance and promptness, the need for classroom adjustments, testing and evaluation, and student note taking. (GLR)

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REASONABLE ACCOMMODATIONS

A FACULTY GUIDE TO
**TEACHING
COLLEGE
STUDENTS
WITH
DISABILITIES**

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PROFESSIONAL STAFF CONGRESS/CUNY

the union representing the instructional staff of The City University of New York

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Dear Colleague:

The needs of minority students are well known to us, and we can take pride in meeting them, perhaps as no other major American university has done. Yet there is a minority within the student body, not usually identified as such, that requires our attention. That is the growing number of disabled students who have entered and will be entering our colleges.

For disabled students, "access" has multiple meanings. It applies not only to the same opportunity given to other students to attend college on the merit of their scholastic qualifications. But it refers to the basic access that the rest of us take for granted: the ability to reach and utilize all of the facilities, programs and services available to other students. For such access, opening the doors is not enough.

Since passage of the Rehabilitation Act of 1973, our colleges have made considerable progress in removing architectural barriers and other physical impediments from our campuses. As university policy, we are implementing the ideal of programmatic access as well. Additionally, the university has acquired a good deal of specialized equipment useful to various types of disabled students and we are seeking more. Some colleges have established highly sophisticated student services for the disabled, such as Baruch College's Computer Center for the Visually Impaired. Every college has a Coordinator of Disabled Student Services who serves the needs of disabled students and their teachers.

Ultimately, "access" for the disabled must be realized in the regular college classroom. That is because "separate" is, for the disabled as for others, not equal. We have a mandate to "mainstream" disabled students, not merely by Federal law but by our own moral imperatives and the mission of the university. The responsibility assumed by these highly motivated students must be matched by our own, and it must be fulfilled in the classroom.

Unfortunately, humaneness, determination and common sense are not sufficient to reach that goal. It takes a certain amount of information that most of us simply do not have: information about the particular needs of a very heterogeneous group of students. Only with that kind of knowledge can we exercise the degree of sensitivity and effort required to accommodate them.

The City University faculty has made pioneering strides in helping the previously disenfranchised succeed in college. We know that you will extend that effort to the disabled. The university and the union have joined together in publishing this booklet to help you in that effort.

Irwin H. Polishook, President
Professional Staff Congress/CUNY

Joseph S. Murphy, Chancellor
The City University of New York

Second Printing



REASONABLE ACCOMMODATIONS: A FACULTY GUIDE TO TEACHING COLLEGE STUDENTS WITH DISABILITIES is published by the Professional Staff Congress/CUNY, 25 West 43rd Street, New York, NY 10036, the union representing the instructional staff of The City University of New York, under the editorial direction of Aaron Alexander.

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Garrett and Sandra LaPorta, *Dispelling the Myths: College Students and Learning Disabilities* (New York: Hunter College CUNY, 1984); Higher Education and the Handicapped (HEATH) Resource Center, *Factsheets* (Washington, DC: The National Clearinghouse on Postsecondary Education for the Handicapped, American Council on Education); Philip S. Jastram and Guy C. McCombs III, *Access for Handicapped Students to Higher Education* (Washington, DC: United States Department of Education, 1985); Office of Civil Rights, USDOE, "Handicapped Persons' Rights Under Federal Law" (Washington, DC: OCR, USDOE, January 1987); Lynn M. Smith, *The College Student With a Disability: A Faculty Handbook* (Washington, DC: The President's Committee on Employment of the Handicapped, 1980).

ADDITIONAL COPIES of this publication are available at \$2.00. Make checks payable to Professional Staff Congress/CUNY and mail to Professional Staff Congress/CUNY, 25 West 43rd St., NY, NY 10036.

Contents

The purpose of this handbook is to provide the City University faculty with practical information and suggestions to help them meet the needs of disabled students in their classrooms.

Disabled students are a rapidly growing minority within CUNY as elsewhere in American higher education. In the spring of 1987, an estimated 3,000 City University students were identified as having disabilities. This figure, which represents only those disabled students who are known to the colleges, amounts to an 84 percent increase over the number reported in the fall of 1982. Nationally, during the past seven years, the proportion of college freshmen with disabilities tripled to 7.4 percent.

The obligation to accommodate them extends beyond the moral responsibility and beyond our university's commitment to fulfill the promise of access. There is also a legal imperative, which is embodied in Section 504 of the Rehabilitation Act of 1973, often referred to as the "Civil Rights Act" for the disabled. It states, in part:

No otherwise qualified handicapped individual . . . shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

In order to comply with this mandate, colleges and universities that receive Federal assistance must assure that the same educational programs and services offered to other students be available to disabled students. Academic ability must be the sole basis for participation in postsecondary education.

To accomplish this goal, both physical and programmatic access

must be provided. This means more than the removal of architectural barriers and the provision of auxiliary services. It means that reasonable accommodations must be made in the instructional process to ensure full educational opportunity. This principle applies to all teaching strategies and modes, as well as to institutional and departmental policies.

The means of achieving this ideal are often not merely matters of judgment. They are matters of knowledge and sensitivities that most of us simply do not have because of inexperience in dealing with disabled people. This handbook is designed to fill such gaps—to heighten awareness and provide basic information—for the benefit of both faculty and students.

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Disabling myths



The first step in dealing with disabled students seems obvious: treat them, simply, as students. After all, they come to college for the same reasons others do and they bring with them the same range of intelligence and scholastic skills. Yet these truisms are easier said than acted upon. Our best intentions often run into attitudes that dramatically distort our relations with the disabled.

Among them are these:

- The Myth of the Helpless Invalid, which manifests itself in excessive deference and solicitousness.
- The Myth of the Heroic Cripple, which places the disabled on a pedestal, making it difficult for him or her to assimilate and to function.
- The Myth of the Invisible Untouchable, which avoids or denies the existence of the disabled person.
- The "Spread" Phenomenon, which generalizes from a single disability and assumes there are also intellectual, social and other physical deficits.

Such attitudes may be natural and innocent, deriving as they do from fears, guilt, and inexperience with the disabled. But as forms of prejudice they can be devastating to the disabled person. They reduce our expectations of the individual's performance. They define the person by the disability, as if it comprises the entirety of his or her being. They lead us to isolate and segregate the disabled, hurt their pride and damage their confidence. The wrong attitudes can be more disabling than any handicap.

... their similarities with others are much more significant: We are dealing, first and foremost, with students.

Stereotyping prevails no more on campus than it does in the larger society. In college, though, it not only perpetuates the prejudicial treatment suffered by the disabled elsewhere. But it may undermine their scholastic performance and reinforce the negatives they are trying to surmount at critical junctures in their lives. As prophecy it can fulfill itself.

Revising our perceptions and attitudes, then, is the first step. In accommodating students who present themselves, learn or perform in ways that are different from others', it is vital to remember that their similarities with others are much more significant: We are dealing, first and foremost, with students.

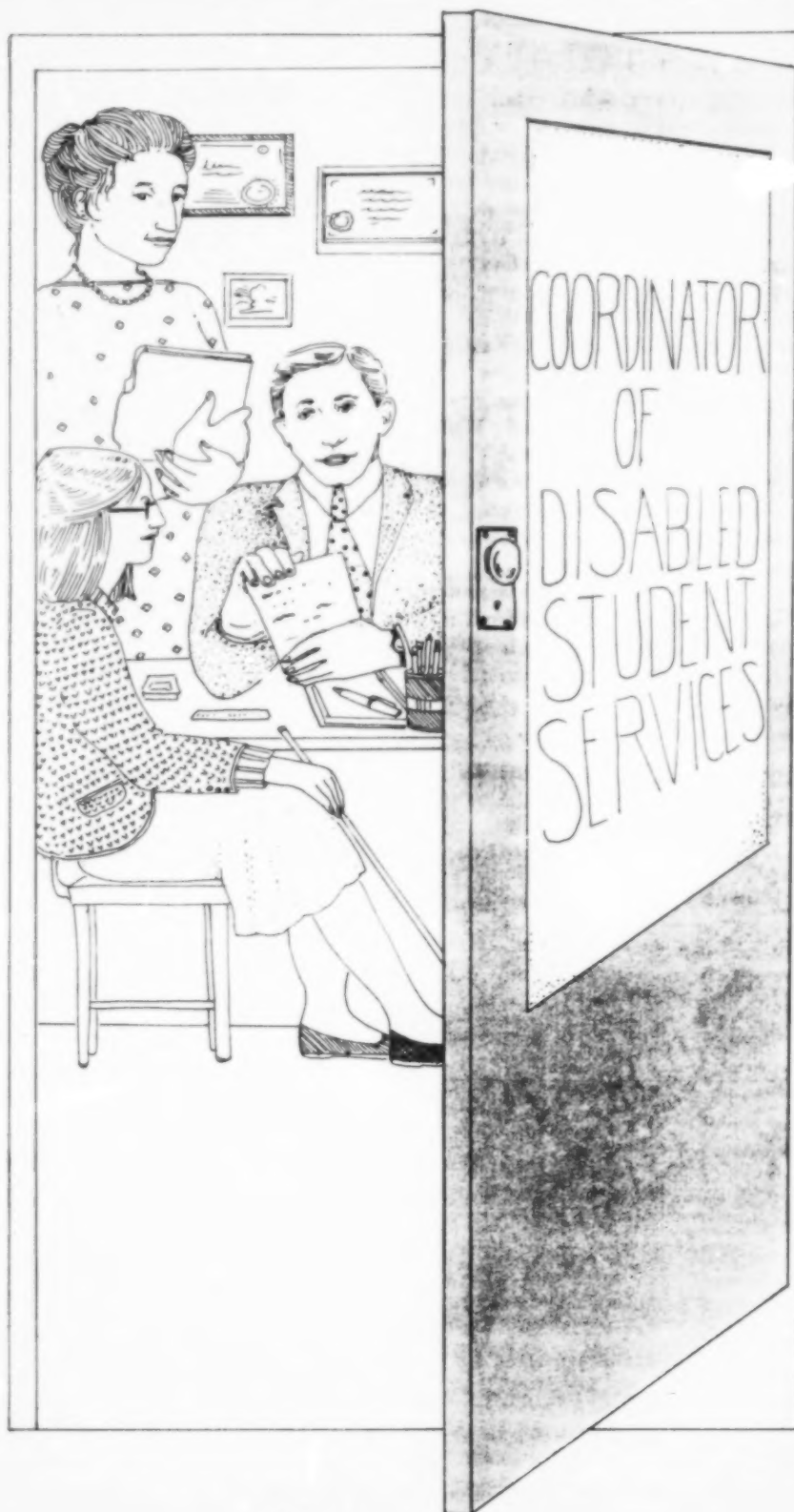
Where to go for help

Each campus of City University has designated a counselor to coordinate services for students with disabilities. This Coordinator of Disabled Student Services provides students and faculty with assistance and information in meeting the requirements of Section 504 of the Rehabilitation Act of 1973. The Coordinator may be assisted in these functions by a college-wide committee, or a 504 committee, made up of faculty, administrators and students who work toward the goal of complying with federal regulations and integrating the disabled student into the college community.

The major concern of the Coordinators is counseling students in making the adjustments that may be necessary for success in their academic careers. They work with disabled students who either identify themselves or are referred by faculty members or outside agencies. Official documentation of disability may be required to determine whether and what kind of special aids or adaptations may be helpful on campus.

Among the services provided by the Coordinators to students are pre-admission counseling, priority registration, academic advisement and such special arrangements, when needed, as room changes, readers, interpreters, note-takers, tutors and proctors. More broadly, the Coordinators serve as advocates for disabled students, ensuring that they have the physical and programmatic access to all college programs that will effect their mainstreaming into the campus community.

For faculty, the Coordinators of Disabled Student Services may render invaluable advisory services. They are the ones to consult for special adaptations for disabled students, and to answer whatever questions may arise in accommodating the needs of disabled students in the classroom.



Teaching students with disabilities:

Students bring a unique set of strengths and experiences to college, and students with disabilities are no exception. While many learn in different ways, their differences do not imply inferior capacities. There is no need to dilute curriculum or to reduce course requirements for the disabled student. However, special accommodations may be needed, as well as modifications in the way information is presented and in methods of testing and evaluation. Faculty will be aided in these efforts by drawing upon the students' own prior learning experiences, using available college and department resources, and collaborating with the campus Coordinator of Disabled Student Services.

Specific suggestions for teaching disabled students will be offered in the sections devoted to each disability. Here are some general considerations.

1. Identifying the disabled student. Determining that a student is disabled may not always be a simple process. *Visible disabilities* are noticeable through casual observation—an immediately recognizable physical impairment, for example, or the use of a cane, a wheelchair or crutches.

Other students have what is known as *hidden disabilities*, such as hearing deficiencies, legal blindness, cardiac conditions, learning disabilities, cancer, diabetes, kidney disease and psychiatric or seizure disorders, all of which are usually not apparent.

Finally, there are students with *multiple disabilities*, which are caused by such primary conditions as muscular dystrophy, cerebral palsy or multiple sclerosis. Depending on the nature and progression of the illness or injury, it may be accompanied by a secondary impairment—in mobility, vision,

speech, or coordination—which may, in fact, pose greater difficulties.

Some disabled students will identify themselves as such by contacting the Office of Disabled Student Services and their instructors before or early in the semester. Others, especially those with "hidden" disabilities, may not—because of shame, their distaste for pity, or

The student's own suggestions, based on experience with the disability and with school work, are invaluable in accommodating disabilities in college.

their fear of disbelief either about the legitimacy of their problem or the need for accommodation. Such students, in the absence of instructional adjustment, may run into trouble in their college work. In a panic they may self-identify just before an examination and expect instant attention to their needs.

The faculty member should make an announcement at the beginning of the term inviting students with disabilities to schedule appointments. If you suspect that a student has a disability, discuss the question with the student. You may find such an approach awkward, at least initially, but the end result will be extremely beneficial if the student's condition is made known at the very outset.

However a disability is identified, it should be verified and discussed with the Coordinator.

2. Dividing the responsibilities. To the extent manageable, disabled students bear the primary responsibility, not only for identifying their disabilities, but for making necessary adjustments to the learning environment—for reading and



an overview

taking notes, for example. For testing arrangements and the use of department resources, the cooperation of the faculty member is vital.

3. Faculty-student relationships. Dialogue between the student and instructor is essential early in the term, and follow-up meetings are recommended. Faculty should not feel apprehensive about discussing the student's disabling condition as it relates to the course. There is no reason to avoid using terms that refer to the disability, such as "blind," "see," or "walk." However, care should be taken to avoid generalizing a particular limitation to other aspects of a student's functioning. Often, for example, people in wheelchairs are spoken to very loudly, as if they were deaf. The disabled student will probably have had some experience with the kind of initial uneasiness you may bring to the relationship. The student's own suggestions, based on experience with the disability and with school work, are invaluable in accommodating disabilities in college.

4. Attendance and promptness. The student using a wheelchair or other assistive devices may encounter obstacles or barriers in getting to class on time. Others may have periodic or irregular curtailments of functioning, either from their disability or from medication. Flexibility in applying attendance and promptness rules to such students would be helpful.

5. Classroom adjustments. A wide range of disabled students may be served in the classroom by making book lists available prior to the beginning of the term, by thoughtful seating arrangements, by speaking directly toward the class, and by writing key lecture points and assignments on the chalkboard.

6. Functional problems. In addition to the adjustments that will be discussed in detail for each category of disability, some understanding is required in coping



with more subtle and sometimes unexpected manifestations of disability. Chronic weakness and fatigue characterize some disabilities and medical conditions. Drowsiness, fatigue or impairments of memory or speed may result from prescribed medications. Such curtailments of functioning and interferences with the student's ability to perform should be distinguished from the apathetic behavior it may resemble.

7. Note-taking. Students who cannot take notes or have difficulty taking notes adequately would be helped by allowing them to tape-record lectures, by permitting them to bring a note-taker to class, by assisting them in borrowing classmates' notes, or by making an out-

line of lecture materials available to them.

8. Testing and evaluation. Depending on the disability, the student may require the administration of examinations orally, the use of readers and/or scribes, extensions of time for the duration of exams, a modification of the test formats or, in some cases, make-up or take-home exams. For out-of-class assignments, the extension of deadlines may be justified. The objective of such special considerations should always be to accommodate the student's learning differences, not to water down scholastic requirements. The same standards should be applied to disabled students as to all other students in evaluation and assigning grades.

Teaching the learning disabled student

A learning disability (LD) is any of a diverse group of conditions that cause significant difficulties in perception, either auditory, visual and/or spatial. Of presumed neurological origin, it covers disorders that impair such functions as reading (dyslexia), writing (dysgraphia) and mathematical calculation (dyscalculia). They vary widely within each category in the patterns they exhibit.

A learning disability may exist in the presence of average to superior intelligence and adequate sensory and motor systems, as evidenced by the extraordinary achievements of numerous LD people. But the condition has only recently been identified and it still often goes undiagnosed. That is why it is often misapprehended—by the learning disabled themselves, as well as others—as intellectual deficiency, which it emphatically is not.

In fact, the marked discrepancy between intellectual capacity and achievement is what characterizes a learning disability. At the colleges, the LD diagnosis will emerge from a battery of aptitude and academic achievement tests. This documentation is required not only to establish the need for special services but to determine the kind of special services that are indicated. Students who are believed to have a learning disability that has not been previously or reliably identified should be referred to the Coordinator.

While a learning disability cannot be "cured," it can be circumvented through instructional intervention and compensatory strategies. In general, a variety of instructional modes enhances learning for LD students, as for others, by allowing them to master material that may be inaccessible in one particular form.

In dealing with an LD student, it is important to identify the nature of the disability in order to determine the kind of strategies that might accommodate it. Drawing upon the student's own experience offers invaluable clues to the types of adaptation that work.

Once the LD student and the nature of the disability are known, these strategies may help:

Auditory processing: Some students may experience difficulty integrating information presented orally, hindering their ability to follow the sequence and organization of a lecture.

- Provide students with a course syllabus at the start of the semester.
- Outline class presentations and write new terms and key points on the chalkboard.

- Repeat and summarize segments of each presentation and review its entirety.

- In dealing with abstract concepts, paraphrase them in specific terms, and illustrate them with concrete examples, personal experiences, hands-on models and such visual structures as charts and graphs.

Reading may be slow and deliberate and comprehension may be impaired for the LD student, particularly when dealing with large quantities of material. For such a student, comprehension and speed are expedited dramatically with the addition of auditory input.

- Make required book lists available prior to the first day of class to allow students to begin their reading early or to have texts put on tape.

- Provide students with chapter outlines or study guides that cue them to key points in their readings.

- Read aloud material that is written on the chalkboard or that is given in handouts or transparencies.

Memory or sequencing difficulties may impede the student's execution of complicated directions.

- Keep oral instructions concise and reinforce them with brief cue words.

- Repeat or re-word complicated directions.

Note-taking: Some LD students need alternative ways to take notes because they cannot write effectively or assimilate, remember and organize the material while listening to a lecture.

- Allow note-takers to accompany the student to class.

- Permit tape recording or make your notes available for material not found in texts or other accessible sources.

- Assist the student, if necessary, in arranging to borrow classmates' notes.

Participation: It is helpful to determine the student's ability to participate in classroom activities. While many LD students are highly articulate, some have severe difficulty in talking, responding or reading in front of groups.

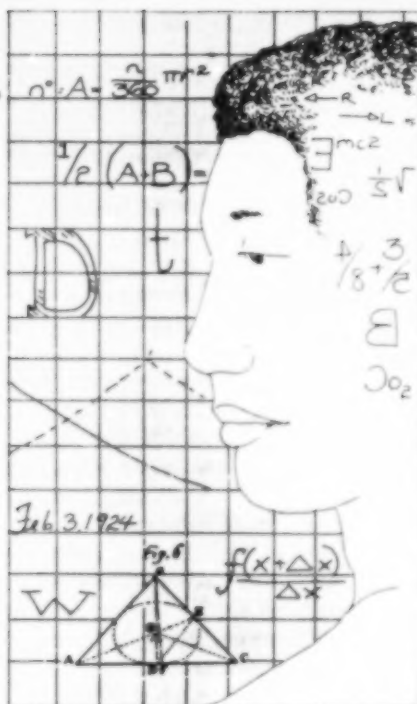
Specialized limitations: Some LD students may have poor coordination or trouble judging distance or differentiating between left and right. Such devices as demonstrations from the student's right-left frame of reference and the use of color codes or supplementary symbols may overcome the perceptual problem.

The science laboratory can be especially overwhelming for LD students. New equipment, exact measurement and multi-step procedures may demand precisely those skills that are hardest for them to acquire.

Teaching the student

Visual impairment varies greatly. Persons are considered legally blind when visual acuity is 20/200 or less in the better eye with the use of corrective lenses. Most legally blind persons have some vision. Others who are partially sighted may rely on residual vision with the use of adaptive equipment. Totally blind persons may have visual memory, its strength depending on the age when vision was lost.

Whatever the degree of impairment, visually impaired students should be expected to participate fully in classroom activities, such as discussions and group work. To record notes, some use such devices as portable or computerized brailers. They may confront limitations in laboratory classes, field trips and internships, but with planning and



- An individual orientation to the laboratory and equipment can minimize student anxiety.
- The labelling of equipment, tools and materials is helpful.
- The student's use of cue cards or labels designating the steps of a procedure may expedite the mastering of a sequence.

• Specialized adaptive equipment may help with exact measurements.

Behavior: Because of perceptual deficiencies, some LD students are slow to grasp social cues and respond appropriately, they may lack social skills, or they may have difficulty sustaining focused attention. If such a problem results in classroom interruptions or other disruptions, it is advisable to discuss the matter privately with the student or with the Coordinator.

Evaluation: A learning disability may affect the way a student should be evaluated. If so, a special arrangement may be necessary.

- Allow students to take examinations in a separate, quiet room with a proctor. LD students are especially sensitive to distractions.
- Grant time extensions on exams and written assignments when there are significant demands on reading and writing skills.
- Avoid overly complicated language in exam questions, and clearly separate them in their spacing on the exam sheet. For a student with perceptual deficits who

has difficulty in transferring answers, avoid using answer sheets, especially computer forms.

- Try not to test on material just presented since more time is generally required to assimilate new knowledge.
- Permit the use of a dictionary, computer spell checks, a proofreader or, in mathematics and science, a calculator. In mathematics, the student may understand the concept, but may make errors by misaligning numbers or confusing arithmetical facts.
- When necessary, allow students to use a reader, scribe, word processor, tape recorder or typewriter.
- Consider alternative test designs. Some LD students may find essay formats difficult, and a perceptually impaired student will always have trouble with matching tests.
- Consider alternative or supplementary assignments that may serve evaluation purposes, such as taped interviews, slide presentations, photographic essays or hand-made models.

ent with a visual impairment

adaptive equipment their difficulties can be minimized.

Before or early in the semester:

- Provide reading lists or syllabi in advance to allow time for such arrangements to be made as the taping or braille of texts.
- In cooperation with the Coordinator, assist the student in finding readers, note-takers or tutors, as necessary, or team the student with a sighted classmate or laboratory assistant.

• Reserve front seats for low-vision students. If a guide dog is used, it will be highly disciplined and require little space.

During the semester:

- Face the class when speaking.
- Convey in spoken words whatever you put on the chalkboard and whatever other visual cues or

graphic materials you may use.

- Permit lectures to be taped and/or provide copies of lecture notes, where appropriate.
- Duplicate materials distributed to the class on a large-print copier, if feasible.
- Be flexible with assignment deadlines.
- Plan field trips and such special projects as internships well in advance and alert field supervisors to whatever adaptations may be needed.
- If a specific task is impossible for the student to carry out, consider an alternate assignment.

Examinations and evaluations: Students should not be exempt from examinations or be expected to master less content or a lower level of scholastic skills because of a

visual impairment. But alternative means of assessing their course achievements may be necessary. The students themselves, because of their experience in previous learning situations, and the college Coordinator may offer suggestions on testing and evaluation strategies. The most expedient devices are alternative examinations (oral, large-print, braille, or taped), the extension of time for exams, and the use of such aids as print enlargers, specialized computer programs or tape recorders.

Other adaptations suited to specific instructional situations—such as tactile materials in presenting diagrams or illustrations in certain subjects—may be helpful.

Teaching students with mobility and hand-function impairments

A wide range of conditions may limit mobility and/or hand function. Among the most common permanent disorders are such musculoskeletal disabilities as partial or total paralysis, amputation or severe injury, arthritis, active sickle cell disease, muscular dystrophy, multiple sclerosis and cerebral palsy. Additionally, respiratory and cardiac diseases, which are debilitating, may consequently affect mobility. Any of these conditions may also impair the strength, speed, endurance, coordination and dexterity that are necessary for proper hand function.

While the degree of disability varies, students may have difficulty getting to or from class, performing in class, and managing out-of-class assignments and tests.

Getting to and from class:

Physical access to classrooms is a major concern of students with mobility limitations. Those who use wheelchairs, braces, crutches, canes or prostheses, or who fatigue easily, find it difficult moving about, especially within the time con-

straints imposed by class schedules. Occasional lateness may be unavoidable. Tardiness or absence may be caused by transportation problems, inclement weather or elevator or wheelchair breakdown. Getting from class may pose similar problems, especially in cases of emergency.

- Consider the accessibility factor before or early in the semester and discuss it with the student and, if necessary, the Coordinator.
- Be prepared to arrange for a change of classroom or building if no other solution is possible.
- Familiarize yourself with the college's emergency evacuation plan and assure that it is manageable for the mobility-impaired student.

In class: Some courses and classrooms present obstacles to the full participation of mobility-impaired students. In seating such students, every effort ought to be made to integrate them into the class. Relegating them to a doorway, a side aisle or the back of the

room should be avoided. Even such apparently insurmountable barriers as fixed seating may be overcome by arranging for a chair to be unbolted and removed to make room for a wheelchair. Laboratory stations too high for wheelchair users to reach or transfer to, or with insufficient under-counter knee clearance, may be modified or they may be replaced by portable stations. Otherwise, the assistance of an aide to follow the student's lab instructions may be necessary.

Students with *hand-function limitations* may have similar difficulties both in the laboratory and in the classroom, doing in-class writing assignments and taking written tests. For such a student:

- Permit the use of a note-taker or tape recorder.
- Team the student with a laboratory partner or assistant.
- Allow in-class written assignments to be completed out of class with the use of a scribe, if necessary.
- Conduct oral or taped tests, or allow extended time.

Out-of-class assignments: For mobility-impaired and hand function-impaired students, the use of the library for reading or research assignments may present obstacles. Arrangements for assistance with library personnel may have to be made for access to card catalogues, book shelves, and microfiche and other equipment, or for manipulating the pages of publications. Because the completion of required work may thus be delayed, the extension of deadlines and the employment of "Incomplete" grades may be appropriate.

Off-campus assignments and field work may pose similar problems of access to resources. Instructors should consider such expedients as advance notice to students who rely on special transportation, the extension of deadlines, and alternative assignments.



Teaching the student with a hearing impairment

Hearing impairments are the greatest chronic physical disability in the United States. Approximately 19 million Americans have some hearing loss, which may range from a slight deficiency to deafness, which afflicts 2 million.

The age of onset generally determines the profundity of the handicap. Those who are born deaf or suffer a hearing loss at an early age, especially in the pre-lingual stage, bear the most severe disabilities. Because they do not hear language, their impairments generally extend beyond hearing to speaking and reading.

For the hearing-impaired who can speak, vocal control is often marred, distorting their tone, volume and/or articulation. For the many who use sign language, English is a "second" language and may therefore be faulty in all their communications. These secondary effects of hearing impairment need to be understood as physical disabilities rather than as mental or intellectual weaknesses.

Hearing-impaired people use a variety of devices to help them improve their aural capacity or substitute for it. Many use *lip reading* but, by itself, they can comprehend only 30 to 40 percent of spoken English even when the skill is highly developed. Those with a sufficient degree of residual hearing are helped by the amplification provided by *hearing aids*, which include public address systems and transmitter-receiver systems with a clip-on microphone for the speaker. The main form of communication for the profoundly deaf is *sign language*. Students who must rely on sign language need an *interpreter*, who either "mouths" what is being said, translates it into sign language, or does both.

In dealing with a student who has a hearing impairment, the professor must first determine the nature and degree of disability and



the type of assistance the student usually employs. This is difficult if the disability is "hidden" and the student is reluctant to acknowledge it. Some indications of impairment may be the student's straining to hear, loud or distorted speech, and consistent failure to respond. Once the disability is properly identified and discussed, with the help of the Coordinator if necessary, classroom strategies and adjustments may effectively help the student function successfully in the college classroom.

Here are some general rules-of-thumb that will help the instructor teach the hearing-impaired:

- Reserve a front-row seat for the student. If an interpreter is necessary, the student should be positioned in such a way as to see both you and the interpreter.
- Face the student, keep your face within view whenever you speak, and speak in a natural tone of voice. If an interpreter is present, speak directly to the student and not to the interpreter.

- At the beginning of a classroom presentation and after intervals, draw the student's attention before speaking.

- Repeat the questions and remarks of other people in the room.

- Use the chalkboard to reinforce spoken presentations to the extent practicable.

- Assist the student in identifying a note-taker and, if necessary in the laboratory, a partner.

- When possible, provide the student with class outlines, lecture notes, lists of new technical terms and printed transcripts of audio and audio-visual materials.

- Facilitate independent viewing time for audio-visual materials.

- Do not hesitate to communicate with the student in writing when conveying important scheduling information or when other occasions call for it.

- If the hearing impairment involves language difficulties, allow extended time for reading assignments and examinations.

Teaching the psychologically impaired

Students with psychiatric disabilities present some of the most difficult challenges to the college professor. Like those with other disabilities, their impairments may be hidden and, in fact, latent, with little or no effect on their learning. Unlike others, however, their emotional disturbances may manifest themselves in negative behavior ranging from indifference and recalcitrance to disruptiveness. Such conduct makes it hard to remember that they have as little control over their disabilities as do the physically disabled.

Among the most common psychological impairments among students is *depression*. The condition may be temporary, in response to inordinate pressures at school, on the job, at home or in one's social life. Or it may be a pathological sense of hopelessness or helplessness which may provoke, in its extreme, threats or attempts at suicide. It may appear as apathy, disinterest, inattention, impaired concentration, irritability, or as fatigue or other physical symptoms resulting from changes in eating, sleeping or other living patterns.

Anxiety is also prevalent among students and may also be the transient reaction to stress. Mild anxiety, in fact, may promote learning and improve the student's functioning. Severe anxiety, however, may reduce concentration, distort perception and weaken the learning process. Anxiety may manifest itself as withdrawal, constant talking, complaining, joking or crying, fantasizing, or extreme fear, sometimes to the point of panic. Bodily symptoms might include episodes of lightheadedness or hyperventilation.

Students are susceptible to the myriad other psychiatric disorders that others are, some of which express themselves in inappropriate classroom behavior or inadequate performance of assignments. Some troubled students who are undergoing treatment take prescription medication to help control disturbing feelings, ideas and behavior. This medication might cause un-

desirable side effects such as drowsiness and disorientation.

In dealing with psychological conditions that impair the functioning of the affected student alone, the principles outlined for all disabled students in the Overview section generally apply. If the behavior begins to affect others or your course of instruction, other measures may be necessary:

- Discuss inappropriate classroom behavior with the student privately, directly and forthrightly, delineating if necessary the limits of acceptable conduct.
- In your discussions with the

student, do not attempt to diagnose or treat the psychological disorder, but only the student's behavior in the course.

- If you sense that discussion would not be effective, or if the student approaches you for therapeutic help, refer the student to the Coordinator, to the campus psychological center or to counseling services, whichever is most appropriate at your college.

- Promptly refer to the college's proper disciplinary or security channels any behavior by the student that may be abusive or threatening.

Teaching the student with a speech impairment

Speech impairments range from problems with articulation or voice strength to complete voicelessness. They include difficulties in projection, as in chronic hoarseness and esophageal speech; fluency problems, as in stuttering and stammer-

ing; and the nominal aphasia that alters the articulation of particular words or terms.

Some of these impediments can be managed by such mechanical devices as electronic "speaking" machines or computerized voice synthesizers. Others may be treated through speech therapy. All of them can be aggravated by the anxiety inherent in oral communication in a group.

Patience is therefore the most effective strategy in dealing with speech-impaired students:

- Give them the opportunity—but do not compel them—to speak in class.
- Permit them the time they require to express themselves, without unsolicited aid in filling in gaps in their speech. Don't be reluctant to ask the student to repeat a statement.
- Address them naturally. Don't assume the "spread phenomenon"—that they cannot hear or comprehend.
- Consider course modifications, such as one-to-one presentations and the use of a computer with a voice synthesizer.



Teaching students with other disabilities

There are many other medical conditions that may interfere with a student's academic functioning. Some of their symptoms, like limited mobility or impaired vision, and the types of intervention required may resemble those covered elsewhere in this manual. The general principles set forth in the Overview apply, particularly the need to identify the disability and to discuss with the student both its manifestations and the required considerations.

Below are brief descriptions of some of the more prevalent disabilities among students, along with recommended accommodations.

Acquired Immune Deficiency Syndrome (AIDS)

Acquired Immune Deficiency Syndrome (AIDS) is caused by a virus that destroys the body's immune system. This condition leaves the person vulnerable to infections and cancers that can be avoided when the immune system is working normally. The virus is transmitted primarily through sexual contact or needle sharing with intravenous drug users. It is not transmitted through casual contact.

Manifestations of AIDS are varied, depending on the particular infections or diseases the individual develops. Extreme fatigue is a common symptom. Classroom adaptations will likewise vary.

Students with AIDS may be afraid to reveal their condition because of the social stigma, fear and/or misunderstanding surrounding this illness. It is therefore exceptionally important that the strictness of confidentiality be observed. In addition, if the issue should arise in class, it is important for faculty to deal openly and non-judgmentally with it and to foster an atmosphere of understanding.

For general classroom considerations, please refer to the Overview section. If cancer is involved, see the section below. For particular impairments, please see the applicable sections on specific disabilities.



Cancer

Because cancer can occur in almost any organ system of the body, the symptoms and particular disabling effects will vary greatly from one person to another. Some people experience visual problems, lack of balance and coordination, joint pains, backaches, headaches, abdominal pains, drowsiness, lethargy, difficulty in breathing and swallowing, weakness, bleeding or anemia.

The primary treatments for cancer—radiation therapy, chemotherapy and surgery—may engender additional effects. Therapy can cause violent nausea, drowsiness and/or fatigue, affecting academic functioning or causing absences. Surgery can result in amputation, paralysis, sensory deficits, and language and memory problems.

- For general instructional accommodations, please refer to the Overview. For particular impairments, please see the applicable sections on specific disabilities.

Cerebral Palsy

Cerebral palsy is caused by an injury to the motor center of the brain, which may have occurred before, during or shortly after birth. Manifestations may include involuntary muscle contractions,

rigidity, spasms, poor coordination, poor balance or poor spatial relations. Visual, auditory, speech, hand-function and mobility problems might occur.

- For appropriate classroom accommodations, refer to section(s) on speech, visual and/or mobility impairments and hand-function limitations.

Multiple Sclerosis

Multiple sclerosis is a progressive disease of the central nervous system, characterized by a decline of muscle control. Symptoms may include disturbances ranging from mild to severe: blurred vision, legal blindness, tremors, weakness or numbness in limbs, unsteady gait, paralysis, slurred speech, mood swings or attention deficits. Because the onset of the disease usually occurs between the ages of 20 and 40, students are likely to be having difficulty adjusting to their condition.

The course of multiple sclerosis is highly unpredictable. Periodic remissions are common and may last from a few days to several months, as the disease continues to progress. As a result, mood swings may vary from euphoria to depression. It is not unusual to have striking inconsistencies in performance.

- For appropriate classroom accommodations, refer to section(s) on speech, visual and/or mobility impairments and hand-function limitations.

Muscular Dystrophy

Muscular dystrophy refers to a group of hereditary, progressive disorders that most often strike the young, producing degeneration of voluntary muscles of the trunk and lower extremities. The atrophy of the muscles results in chronic weakness and fatigue and may cause respiratory or cardiac problems. Walking, if possible, is slow and appears uncoordinated. Manipulation of materials in class may be difficult.

- Refer to the section on

mobility impairments and hand-function limitations for appropriate accommodations.

Respiratory Problems

Many students suffer from chronic breathing problems, the most common of which is bronchial asthma. Asthma is characterized by attacks of shortness of breath and difficulty in breathing, sometimes triggered by stress, either physical or mental. Fatigue and difficulty climbing stairs may also be major problems, depending on the severity of the attacks. Frequent absence from class may occur and hospitalization may be required when prescribed medications fail to relieve the symptoms.

- For appropriate classroom accommodations, refer to section on mobility impairments and Overview.

Seizure Disorders

Students with epilepsy and other seizure disorders are extremely reluctant to divulge their condition because they fear being misunderstood or stigmatized. Misconceptions about these disorders—that they are forms of mental illness, contagious and untreatable, for example—have arisen because their ultimate causes remain uncertain. There is evidence that hereditary factors may be involved and that brain injuries and tumors, occurring at any age, may give rise to seizures. What is known is that seizures result from imbalances in the electrical activity of the brain.

There are three distinct types of seizures:

Petit mal means "little" seizure and is characterized by eye blinking or staring. It begins abruptly with a sudden dimming of consciousness and may last only a few seconds. Whatever the person is doing is suspended for a moment but resumed again as soon as the seizure is over. Often, because of its briefness, the seizure may go unnoticed by the individual as well as by others.

Psychomotor seizures range from

mild to severe and may include staring, mental confusion, uncoordinated and random movement, incoherent speech and behavior outbursts, followed by immediate recovery. They may last from two minutes to a half hour. The person may have no recollection of what happened, but may experience fatigue.

Grand mal seizures may be moderate to severe and may be characterized by generalized contractions of muscles, twitching and limb jerking. A few minutes of such movements may be followed by unconsciousness, sleep, or extreme fatigue.

Students with seizure disorders are often under preventive medication, which may cause drowsiness and temporary memory problems. Such medication makes it unlikely that a seizure will occur in class.

In the event of a *grand mal* seizure, follow this procedure:

- Keep calm. Although its manifestations may be intense they are generally not painful to the individual.
- Remove nearby objects that may injure the student during the seizure.
- Help lower the person to the floor and place cushioning under his/her head.
- Turn the head to the side so that breathing is not obstructed.
- Loosen tight clothing.
- Do not force anything between the teeth.
- Do not try to restrain bodily movement.
- Call the medical office or other appropriate authority or ask someone else to do so.

After a seizure, faculty should deal forthrightly with the concerns of the class in an effort to forestall whatever negative attitudes may develop toward the disabled student.

Sickle Cell Anemia

Sickle cell anemia is a hereditary disease primarily affecting blacks. It reduces the blood supply to vital organs and the oxygen supply to

the blood cells, making adequate classroom ventilation an important concern.

Because many vital organs are affected, the student may also suffer from eye disease, heart condition, lung problems and acute abdominal pain. At times limbs or joints may be affected. The disease is characterized by severe crisis periods, with extreme pain, which may necessitate hospitalization and/or absence from class. Completing academic assignments during these periods may not be possible.

- For appropriate classroom accommodations, refer to section(s) on visual and hand-function impairments, as well as the Overview.

Substance Abuse

Substance abuse is a condition of physiological and/or psychological dependence on any of a variety of chemicals, such as illegal drugs, some prescription drugs and alcohol. Individuals who are recovering from drug or alcohol abuse or who are in treatment programs to assist their recovery are covered by federal anti-discrimination legislation and are eligible for college services for students with disabilities.

These students may experience psychological problems such as depression, anxiety or very low self-esteem. They may exhibit poor behavioral control and, if they are using medication as part of their treatment, they may experience undesirable side effects.

- Refer students showing symptoms of substance abuse to the appropriate college facility: counseling services, the psychological center, or Disabled Student Services.

- In cases of inappropriate classroom behavior, discuss it with the student in a private setting.

- Use appropriate campus disciplinary channels when necessary.

- Refer to the Overview and the section on psychological impairments for additional classroom considerations.



Public Law 93-112
93rd Congress, H. R. 8070
September 26, 1973

An Act

Section 504 *The Rehabilitation Act of 1973*

No otherwise qualified handicapped individual . . . shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

. . . as seen by a dyslexic

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New York, NY 10007

Bronx Community College
West 181st Street and University Avenue
Bronx, NY 10453

Brooklyn College
Bedford Avenue and Avenue H
Brooklyn, NY 11210

City College
Convent Avenue and 138th Street
New York, NY 10031

City University Medical School
Convent Avenue and 138th Street
New York, NY 10031

City University School of Law at Queens College
65-21 Main Street
Flushing, NY 11367

Graduate School and University Center
33 West 42nd Street
New York, NY 10036

Hostos Community College
475 Grand Concourse
Bronx, NY 10451

Hunter College
695 Park Avenue
New York, NY 10021

John Jay College of Criminal Justice
445 West 59th Street
New York, NY 10019

Kingsborough Community College
2001 Oriental Boulevard
Brooklyn, NY 11235

LaGuardia Community College
31-10 Thomson Avenue
Long Island City, NY 11101

Lehman College
Bedford Park Boulevard West
Bronx, NY 10468

Medgar Evers College
1150 Carroll Street
Brooklyn, NY 11225

Mount Sinai School of Medicine
(Affiliated Institution)
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300 Jay Street
Brooklyn, NY 11201

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